Fill in this information to identify your case:

Debtor 1	Katherine Wyman
	First Name Middle Name Last Name
Debtor 2	
(Spouse, if filing)	First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number   23-14910
(If known)

☐ Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information   12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1:	Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

   1a. Copy line 55, Total real estate, from *Schedule A/B*.. $ 0.00

   1b. Copy line 62, Total personal property, from *Schedule A/B*.. $ 2,863.00

   1c. Copy line 63, Total of all property on *Schedule A/B* .... $ 2,863.00

Part 2:	Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

   2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D* .... $ 145,909.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

   3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* .... $ 0.00

   3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*...................................... + $ 41,413.00

   Your total liabilities $ 187,322.00

Part 3:	Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
   Copy your combined monthly income from line 12 of *Schedule I* .... $ 4,000.00

5. *Schedule J: Your Expenses* (Official Form 106J)
   Copy your monthly expenses from line 22c of *Schedule J* .... $ 4,010.00

Debtor 1	Katherine Wyman		Case number (if known)	23-14910
	First Name Middle Name Last Name			

Part 4:   Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☑ Yes

7. What kind of debt do you have?

☑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

$ 1,550.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

	Total claim
From Part 4 on *Schedule E/F*, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0.00
9d. Student loans. (Copy line 6f.)	$ 10,000.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $ 0.00
9g. **Total.** Add lines 9a through 9f.	$ 10,000.00

Fill in this information to identify your case:

Debtor 1   Katherine Wyman
              First Name   Middle Name   Last Name

Debtor 2
(Spouse, if filing) First Name   Middle Name   Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number   23-14910
(if know)

☐ Check if this is
an amended
filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:	List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**

   ☑ **No. Go to Part 2.**

   ☐ **Yes.**

Part 2:	List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

   ☐ **No. You have nothing else to report in this part. Submit to the court with your other schedules.**

   ☑ **Yes. Fill in all of the information below.**

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

Amazon Synchrony Bank
Nonpriority Creditor's Name

PO Box 960013
Number   Street

Orlando FL   32896
City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No

☐ Yes

Last 4 digits of account number

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☑ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify Credit Card Debt

$ 1,000.00

Debtor Katherine Wyman
        First Name   Middle Name   Last Name

Case number (if known) 23-14910

| 4.2 | Apex Asset Management | | | | $ 1,750.00 |

4.2

Apex Asset Management
Nonpriority Creditor's Name

PO Box 5407
Number   Street

Lancaster PA   17606
City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

$ 1,750.00

4.3

Atlanticare/Anesthesiologist
Nonpriority Creditor's Name

65 W Jimmie Ledds Rd
Number   Street

Pomona NJ   08240
City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

$ 0.00

4.4

Atlanticare Reg Med Ctr/Mainland
Nonpriority Creditor's Name

65 W Jimmie Leeds Rd
Number   Street

Pomona NJ   08240
City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

$ 0.00

Debtor   Katherine Wyman
          First Name   Middle Name   Last Name

Case number *(if known)* 23-14910

4.5	Atlantic City Mainland Division Medical Center	**Last 4 digits of account number** ___ ___ ___ ___	$ 4,205.00

4.5

Atlantic City Mainland Division Medical Center
Nonpriority Creditor's Name

65 W. Jimmy Leeds Rd.
Number   Street

Pomona NJ   08240
City   State   ZIP Code

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

$ 4,205.00

4.6

Boscov's
Nonpriority Creditor's Name

PO Box 659622
Number   Street

San Antonio TX   78265
City   State   ZIP Code

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Credit Card Debt

$ 400.00

4.7

Capital One Walmart
Nonpriority Creditor's Name

PO Box 4069
Number   Street

Carol Stream IL   60197
City   State   ZIP Code

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Credit Card Debt

$ 1,000.00

Debtor   Case 23-14910-ABA   Doc 6   Filed 07/13/23   Entered 07/13/23 12:10:23   Desc Main
        Katherine Wyman
        First Name   Middle Name   Last Name   Case number (if known)
Document   Page 6 of 15

4.8	**Country Door**	**Last 4 digits of account number** _____	$ 0.00

Nonpriority Creditor's Name

When was the debt incurred? _____

1112 7th Ave.

Number   Street

Monroe WI   53566

City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

4.9	**Credit One**	**Last 4 digits of account number** _____	$ 1,100.00

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 60500

Number   Street

City Of Industry CA   91716

City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Credit Card Debt

4.10	**Discover**	**Last 4 digits of account number** _____	$ 6,000.00

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 71084

Number   Street

Charlotte NC   28272

City   State   ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Credit Card Debt

| 4.11 | Ener Bank USA | Last 4 digits of account number | $ 3,000.00 |

Nonpriority Creditor's Name

1245 Brickyard Rd.

Number   Street

Salt Lake City UT   84106

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

| 4.12 | Financial Recoveries | Last 4 digits of account number | $ 1,750.00 |

Nonpriority Creditor's Name

PO Box 1388

Number   Street

Mount Laurel NJ   08054

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Medical Services

| 4.13 | First Premier Bank | Last 4 digits of account number | $ 800.00 |

Nonpriority Creditor's Name

PO Box 5529

Number   Street

Sioux Falls SD   57117

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   Credit Card Debt

| 4.14 | First Premier Bank | **Last 4 digits of account number** _____ | $ 1,000.00 |

First Premier Bank
Nonpriority Creditor's Name

PO Box 5529
Number   Street
Sioux Falls SD   57117

City   State   ZIP Code

Who owes the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Credit Card Debt

$ 1,000.00

| 4.15 | Fortiva |

Fortiva
Nonpriority Creditor's Name

PO Box 650847
Number   Street
Dallas TX   75265

City   State   ZIP Code

Who owes the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify

$ 1,000.00

| 4.16 | Home Depot |

Home Depot
Nonpriority Creditor's Name

PO Box 70600
Number   Street
Philadelphia PA   19176

City   State   ZIP Code

Who owes the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Credit Card Debt

$ 300.00

| 4.17 | King Size | Last 4 digits of account number _____ | $ 28.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

500 South Mesa Hills Drive

Number   Street

As of the date you file, the claim is: Check all that apply.

El Paso TX   79912

☐ Contingent

City   State   ZIP Code

☑ Unliquidated

Who owes the debt? Check one.

☐ Disputed

☑ Debtor 1 only

☐ Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 and Debtor 2 only

☐ Student loans

☐ At least one of the debtors and another

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ **Check if this claim relates to a community debt**

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

☑ Other. Specify

☑ No

☐ Yes

| 4.18 | Lowes | Last 4 digits of account number _____ | $ 400.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 530914

Number   Street

As of the date you file, the claim is: Check all that apply.

Atlanta GA   30353

☐ Contingent

City   State   ZIP Code

☑ Unliquidated

Who owes the debt? Check one.

☐ Disputed

☑ Debtor 1 only

☐ Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 and Debtor 2 only

☐ Student loans

☐ At least one of the debtors and another

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ **Check if this claim relates to a community debt**

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

☑ Other. Specify   Credit Card Debt

☑ No

☐ Yes

| 4.19 | Mercury | Last 4 digits of account number _____ | $ 2,500.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 70168

Number   Street

As of the date you file, the claim is: Check all that apply.

Philadelphia PA   19176

☐ Contingent

City   State   ZIP Code

☑ Unliquidated

Who owes the debt? Check one.

☐ Disputed

☑ Debtor 1 only

☐ Debtor 2 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 and Debtor 2 only

☐ Student loans

☐ At least one of the debtors and another

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ **Check if this claim relates to a community debt**

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

☑ Other. Specify

☑ No

☐ Yes

| 4.20 | Merrick Bank | Last 4 digits of account number ____ | $ 1,000.00 |

Merrick Bank
Nonpriority Creditor's Name

PO Box 660702
Number   Street

Dallas TX   75266
City   State   ZIP Code

Who owes the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number ____
When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Credit Card Debt

$ 1,000.00

| 4.21 | NJ Internal Medicine | | $ 0.00 |

NJ Internal Medicine
Nonpriority Creditor's Name

5 Seagarden Dr
Number   Street

Linwood NJ   08221
City   State   ZIP Code

Who owes the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number ____
When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

$ 0.00

| 4.22 | Quality Asset Recovery LLC | | $ 100.00 |

Quality Asset Recovery LLC
Nonpriority Creditor's Name

PO Box 239
Number   Street

Gibbsboro NJ   08026
City   State   ZIP Code

Who owes the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number ____
When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

$ 100.00

Debtor   Katherine Wyman
First Name   Middle Name   Last Name

Case 23-14910-ABA   Doc 6   Filed 07/13/23   Entered 07/13/23 12:10:23   Desc Main
Case number (if known) 23-14910
Document   Page 11 of 15

4.23	Rothman		

Nonpriority Creditor's Name

2500 English Creek Rd #1300

Number   Street

Egg Harbor Township NJ   08234

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

$ 0.00

4.24	Sallie Mae		

Nonpriority Creditor's Name

300 Continental Drive

Number   Street

Newark DE   19713

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☑ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

$ 10,000.00

4.25	Sams Club		

Nonpriority Creditor's Name

PO Box 530942

Number   Street

Atlanta GA   30353

City   State   ZIP Code

Who owes the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☑ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Credit Card Debt

$ 500.00

Debtor   Katherine Wyman
         First Name   Middle Name   Last Name   Case number (if known) 23-14910

| 4.26 | Shore Memorial Hospital | | $ 1,225.00 |

4.26

Shore Memorial Hospital
Nonpriority Creditor's Name

PO Box 1388
Number   Street
Mount Laurel NJ   08054

City   State   ZIP Code

Who owes the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Services

$ 1,225.00

4.27

Shore Memorial Medical Center
Nonpriority Creditor's Name

100 Medical Center Way
Number   Street
Somers Point NJ   08244

City   State   ZIP Code

Who owes the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Services

$ 1,305.00

4.28

Surge
Nonpriority Creditor's Name

PO Box 6812
Number   Street
Carol Stream IL   60197

City   State   ZIP Code

Who owes the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim relates to a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [x] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify

$ 500.00

| 4.29 | Target | **Last 4 digits of account number** ____ ____ ____ ____ | $ 500.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 660170

Number   Street

As of the date you file, the claim is: Check all that apply.

Dallas TX   75266

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

City   State   ZIP Code

Who owes the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   Credit Card Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

| 4.30 | TriCare Transportation | **Last 4 digits of account number** ____ ____ ____ ____ | $ 50.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

825 Noahs Rd.

Number   Street

As of the date you file, the claim is: Check all that apply.

Pleasantville NJ   08232

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

City   State   ZIP Code

Who owes the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify

Is the claim subject to offset?

- ☑ No
- ☐ Yes

| 4.31 | Woman Within | **Last 4 digits of account number** ____ ____ ____ ____ | $ 0.00 |

Nonpriority Creditor's Name

When was the debt incurred? _____

PO Box 659728

Number   Street

As of the date you file, the claim is: Check all that apply.

San Antonio TX   78265

- ☐ Contingent
- ☑ Unliquidated
- ☐ Disputed

City   State   ZIP Code

Who owes the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify   Credit Card Debt

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Part 3:   **List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4:   **Add the Amounts for Each Type of Unsecured Claim**

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
   Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0.00
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 0.00
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$ 0.00
	6e. **Total.** Add lines 6a through 6d.	6e.	$ 0.00

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 10,000.00
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	$ 31,413.00
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 41,413.00

Fill in this information to identify your case:

Debtor 1 ___Katherine Wyman___
      First Name   Middle Name   Last Name

Debtor 2 _____
(Spouse, if filing) First Name   Middle Name   Last Name

United States Bankruptcy Court for the District of New Jersey

Case number ___23-14910_____
(If known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

☐ Yes. Name of person_____. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✗ /s/ Katherine Wyman_____

✗ _____

Signature of Debtor 1   Signature of Debtor 2

Date ___07/13/2023_____
      MM / DD / YYYY

Date _____
      MM / DD / YYYY